



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Winkler, David R.	Group No.:	3612
Serial No.:	10/053,743	Atty. Docket No.:	66736/31033
Filed:	January 22, 2002		
For:	Full Enclosure Protective Cover For A Golf Cart With Rear Golf Bag Storage Area Covering	Examiner:	Pape, Joseph

BOX AMENDMENT NO FEE  
Commissioner of Patents and Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

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GROUP 3800

**AMENDMENT AND RESPONSE B**

In response to the Office Action of Paper No. 12, mailed November 3, 2003, the  
above-referenced application has been amended as follows:

61

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Express Mail No.:</b>	<b>Attorney Docket No.</b>	66736/31033	<b>First Inventor:</b> Winkler, David R.
<b>AMENDMENT TRANSMITTAL LETTER</b>  <b>Title: Full Enclosure Protective Cover For A Golf Cart With Rear Golf Bag Storage Area Covering</b>		<b>Serial No.</b>	10/053,743
		<b>Filing Date</b>	January 22, 2002
		<b>Examiner</b>	Pape, Joseph
		<b>Group Art Unit</b>	3612

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

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Transmitted herewith is an amendment in the above-identified application.  
Large Entity Status

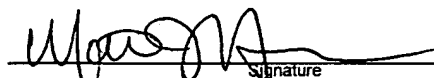
☒ Small Entity status of this application has been established under 37 CFR 1.27

**GROUP 3600**

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
		(Column 1)		(Column 2)	(Column 3)				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*22	Minus	**25	=0	x \$ _____ =	0.00	x \$ _____ =	0.00
	Independent (37 CFR 1.16(b))	*3	Minus	***3	=0	x \$ _____ =	0.00	x \$ _____ =	0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$ _____ =		+ \$ _____ =	
						TOTAL ADDIT. FEE	0.00	TOTAL ADDIT. FEE	0.00
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".									
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

- ☐ Petition of Extension of Time.
- ☒ No additional fee is required for amendment.
- ☐ A check in the amount of the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 20-0823.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823.  
I have enclosed a duplicate copy of this sheet.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

  
Signature

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